



# Clark County Department Of Building & Fire Prevention

4701 West Russell Road, Las Vegas, NV 89118 ~ (702) 455-3000

## Manufactured Housing Permit Application

ASSESSOR PARCEL#: \_\_\_\_\_

JOB SITE ADDRESS: \_\_\_\_\_

PARK/ESTATE NAME: \_\_\_\_\_

SPACE/LOT: \_\_\_\_\_ TENANT NAME: \_\_\_\_\_ SET UP BY: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

APPLICATION NO.: \_\_\_\_\_

### DETAILED DESCRIPTION OF WORK

### PERMIT TYPE

☐ REPLACEMENT WITH  
EXISTING UTILITIES

☐ REPLACEMENT WITH  
NEW UTILITIES

☐ REPLACEMENT WITH  
NEW UTILITIES

☐ PARK

☐ ESTATE

☐ PRIVATE PROPERTY

☐ TEMPORARY USE DURING  
CONSTRUCTION

PERMANENT RESIDENT  
PERMIT NO: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

### CONTRACTOR'S DECLARATION

### DESCRIPTION OF MANUFACTURED BUILDING

I hereby certify that I am licensed under the provisions of N.R.S. 624.

ST. LIC. NO.: \_\_\_\_\_ CLASS: \_\_\_\_\_

BUSINESS LIC. #: \_\_\_\_\_ PHONE#: \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTRACTOR SIGNATURE

DATE

MANUFACTURER: \_\_\_\_\_

MODEL OR STYLE: \_\_\_\_\_

YEAR: \_\_\_\_\_ AMP: \_\_\_\_\_

SIZE: \_\_\_\_\_ SQ. FT.: \_\_\_\_\_

I certify that I have read this application and state that the above information is correct. I agree to comply with all county ordinances and state laws relating to building construction, and hereby authorize representatives of this county to enter upon the above mentioned property for inspection purposes.

APPLICANT SIGNATURE

DATE

HUD/UBC CERTIFICATION/REGISTRATION NO: \_\_\_\_\_

### COMMENTS

### PERMIT FEES

Permit Fee: \$ \_\_\_\_\_

Park Tax: \$ \_\_\_\_\_

MSHCP: \$ \_\_\_\_\_

MSHCP Report: \$ \_\_\_\_\_

Transportation Tax: \$ \_\_\_\_\_

TOTAL FEE: \$ \_\_\_\_\_

Civil Engineering Review By: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Review By: \_\_\_\_\_ Date: \_\_\_\_\_

Bldg Plan Review By: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Cash ☐ Check No: \_\_\_\_\_

Issued By: \_\_\_\_\_ Date: \_\_\_\_\_